



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: FRANCISCAN--ST. FRANCIS HEALTH (INDIANAPOLIS)

City of Hospital: INDIANAPOLIS

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-0162

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$714327147
Outpatient Patient Service Revenue	\$967132311
Total Gross Patient Service Revenue	\$1681459458

2. Deductions From Revenue

Contractual Allowance	\$1011649714
Other Deductions	\$16454106
Total Deductions	\$1028103820

3. Total Operating Revenue

Net Patient Service Revenue	\$653355638
Other Operating Revenue	\$41591087
Total Operating Revenue	\$694946725

4. Operating Expenses

Salaries and Wages	\$181835888	Employee Benefits	\$53756983
Depreciation and Amortization	\$32859296	Interest Expense	\$10902218
Bad Debt	\$22206287	Other Expenses	\$294029622
Total Operating Expenses	\$595590294		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$99356431	Total Assets	\$632388981
Net Non-operating Gains over Loss	\$244391	Total Liabilities	\$-67934118
Total Net Gains	\$99600822		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$678523991	\$547498914	\$131025077
Medicaid	\$189116059	\$123705353	\$65410706
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$813819408	\$356899553	\$456919855
Total	\$1681459458	\$1028103820	\$653355638

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$501139	\$-53426	\$554565

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$937183	\$-937183

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$1444803	\$7728268	\$-6283465
Hospital Patients	\$0	\$0	\$0
Community Education	\$144777	\$2286089	\$-2141312

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$20617255	
HCI Payments	\$0		
Subtotal	\$0	\$20617255	\$-20617255
Medicaid Shortfalls	\$69034532	\$81736839	
Subtotal	\$69034532	\$102354094	\$-33319562
DSH Payments	\$0		
Subtotal	\$69034532	\$102354094	\$-33319562
Medicare Shortfalls	\$179639589	\$253625803	
Other Government Programs	\$0	\$0	
Total	\$248674121	\$355979897	\$-107305776

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1189542	\$2018991	\$-829449
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$58996236	\$64070673	\$-5074437